

PHA 5-Year and Annual Plan	U.S. Department of Housing and Urban Development Office of Public and Indian Housing	OMB No. 2577-0226 Expires 4/30/2011
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1.0	PHA Information PHA Name: ___Housing Authority of the City of Sterling, OK_____ PHA Code: ___OKK037_____ PHA Type: <input checked="" type="checkbox"/> Small <input type="checkbox"/> High Performing <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): _07/01/2010_____												
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: ___24_____ Number of HCV units: _____												
3.0	Submission Type <input checked="" type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only												
4.0	PHA Consortia <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)												
	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program <table border="1"> <tr> <th>PH</th> <th>HCV</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>	PH	HCV						
PH	HCV												
	PHA 1:												
	PHA 2:												
	PHA 3:												
5.0	5-Year Plan. Complete items 5.1 and 5.2 only at 5-Year Plan update.												
5.1	Mission. State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years: The mission of the Sterling PHA is to promote adequate and affordable housing, economic opportunities and a suitable living environment free from discrimination.												
5.2	Goals and Objectives. Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan. <ol style="list-style-type: none"> Improving and implementing policies and procedures. Remodel and update Handicap apartments to meet new handicap guidelines. Improve the quality of living with the use of Capital Fund Program Funds. Insure equal opportunity by making reasonable accommodations according to established guidelines. 												
6.0	PHA Plan Update (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: (b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions. Copies of the 5-Year and Annual PHA plan may be obtained at the Sterling Housing Authority located at 3 East Hancock Street, Sterling, Oklahoma 73567 between the hours of 8:30 A.M. and 11:30 A.M.												
7.0	Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. Include statements related to these programs as applicable. N/A												
8.0	Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.												
8.1	Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> , form HUD-50075.1, for each current and open CFP grant and CFFP financing.												
8.2	Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i> , form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.												
8.3	Capital Fund Financing Program (CFFP). <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.												

9.0	Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.
9.1	Strategy for Addressing Housing Needs. Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.
10.0	<p>Additional Information. Describe the following, as well as any additional information HUD has requested.</p> <ul style="list-style-type: none"> (a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan. (b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"
11.0	<p>Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.</p> <ul style="list-style-type: none"> (a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights) (b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only) (c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only) (d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only) (e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only) (f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations. (g) Challenged Elements (h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only) (i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary					
PHA Name: Sterling Housing Authority		Grant Type and Number Capital Fund Program Grant No: OK56P037501-6 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant: 2006 FFY of Grant Approval:
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input checked="" type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³		1,004.28	1,004.28	1,004.28
3	1408 Management Improvements		960.00	960.00	960.00
4	1410 Administration (may not exceed 10% of line 21)	1,200.00		1,200.00	1,200.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs		1,783.70	1,783.70	1,783.70
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures		24,239.02	24,239.02	24,239.02
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

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Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input checked="" type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	1,200.00	27,987.00	29,187.00	29,187.00
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director		Date	Signature of Public Housing Director		Date

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 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary					
PHA Name: Sterling Housing Authority		Grant Type and Number Capital Fund Program Grant No: OK56P037501-7 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant: 2007 FFY of Grant Approval:
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2009 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	500.00		500.00	500.00
3	1408 Management Improvements	750.00		750.00	370.00
4	1410 Administration (may not exceed 10% of line 21)	1,200.00		1,200.00	1,200.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	11,803.00		11,803.00	10,950.00
10	1460 Dwelling Structures	11,499.00		11,499.00	4,008.00
11	1465.1 Dwelling Equipment—Nonexpendable	3,900.00		3,900.00	3,900.00
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

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PHA Name: Sterling Housing Authority		Grant Type and Number Capital Fund Program Grant No: OK56P037501-7 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant:2007 FFY of Grant Approval:
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2009 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	29,652.00		29,652.00	20,928.00
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director		Date		Signature of Public Housing Director	
				Date	

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Part II: Supporting Pages								
PHA Name: Sterling Housing Authority		Grant Type and Number Capital Fund Program Grant No: OK56P037501-7 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2007			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
OK037000001	Operations	1406		500.00		500.00	500.00	100%
OK037000001	Training/Management Improvement	1408		750.00		750.00	370.00	50%
OK037000001	CFP Administrative Salary	1410		1,200.00		1,200.00	1,200.00	100%
OK037000001	Replace HWH	1465	9	3,900.00		3,900.00	3,900.00	100%
OK037000001	Remove Trees	1450		3,830.00		3,830.00	3,830.00	100%
OK037000001	Fence	1450		7,120.00		7,120.00	7,120.00	100%
OK037000001	Handicap ramps	1450	6 units	853.00		853.00	0.00	0%
OK037000001	Install Gutters	1460	2 Duplex	6,000.00		6,000.00	0.00	0%
OK037000001	Remodel Bathroom	1460	1 unit	5,499.00		5,499.00	4,008.00	72%

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Part I: Summary					
PHA Name: Sterling Housing aAuthority		Grant Type and Number Capital Fund Program Grant No: OK56P037501-8 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant: 2008 FFY of Grant Approval:
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2009 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	384.00		384.00	384.00
3	1408 Management Improvements	750.00		0.00	0.00
4	1410 Administration (may not exceed 10% of line 21)	1,200.00		800.00	700.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	16,000.00		1,416.82	1,416.82
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures	9,000.00		0.00	0.00
13	1475 Non-dwelling Equipment	1,700.00		0.00	0.00
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

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Part I: Summary					
PHA Name: Sterling Housing Authority		Grant Type and Number Capital Fund Program Grant No: OK56P037501-8 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant:2008 FFY of Grant Approval:
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2009 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	29,034.00		2,600.82	2,500.82
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director		Date		Signature of Public Housing Director	
				Date	

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Part II: Supporting Pages								
PHA Name: Sterling Housing Authority		Grant Type and Number Capital Fund Program Grant No: OK56P037501-8 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2008			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
OK037000001	Operations	1406		384.00		384.00	384.00	100%
OK037000001	Training/Management Imp	1408		750.00		0.00	0.00	0%
OK037000001	CFP Administrative Salary	1410		1,200.00		800.00	700.00	58%
OK037000001	Replace Bathroom Vanities	1460	4 units	800.00		0.00	0.00	0%
OK037000001	Replace closet Doors	1460	4 units	800.00		178.00	178.00	22%
OK037000001	Install Gutters	1460	1 duplex	2,000.00		0.00	0.00	0%
OK037000001	Remodel Storage Units	1460	4 units	4,400.00		1,238.82	1,238.82	28%
OK037000001	Remodel Bathroom	1460	2 units	8,000.00		0.00	0.00	0%
OK037000001	Remodel Community Bldg Kitchen	1470		9,000.00		0.00	0.00	0%
OK037000001	Office Equipment/Computer	1475		1,700.00		0.00	0.00	0%

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Part I: Summary					
PHA Name: Sterling Housing Authority		Grant Type and Number Capital Fund Program Grant No: OK56P037501-9 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant: 2009 FFY of Grant Approval:
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2009 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	500.00		0.00	0.00
3	1408 Management Improvements	200.00		0.00	0.00
4	1410 Administration (may not exceed 10% of line 21)	1,000.00		0.00	0.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	11,234.00		0.00	0.00
10	1460 Dwelling Structures	15,045.00		0.00	0.00
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	900.00		0.00	0.00
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

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Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2009 <input type="checkbox"/> Final Performance and Evaluation Report					
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		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	28,879.00		0.00	0.00
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director		Date 04/15/2010		Signature of Public Housing Director	
				Date	

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U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

[illegible]

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Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
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 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
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Part I: Summary					
PHA Name: Sterling Housing Authority		Grant Type and Number Capital Fund Program Grant No: OK56S037501-9 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant: 2009 FFY of Grant Approval:
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2009 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	4,000.00		3,446.00	3,446.00
10	1460 Dwelling Structures	24,751.00		23,400.00	23,400.00
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures	8,000.00		7,,960.00	7,960.00
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

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Part I: Summary					
PHA Name: Sterling Housing Authority		Grant Type and Number Capital Fund Program Grant No: OK56S037501-9 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant:2009 FFY of Grant Approval:
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2009 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	36,751.00		34,806.00	34,806.00
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director		Date 04/15/2010		Signature of Public Housing Director	
				Date	

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Part II: Supporting Pages								
PHA Name: Sterling Housing Authority		Grant Type and Number Capital Fund Program Grant No: OK56S037501-9 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2009			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
OK037000001	Sidewalks/Handicap Ramps	1450		4,000.00		3,446.00	3,446.00	86%
OK037000001	Replace Shingles	1460		17,800.00		17,800.00	17,800.00	100%
OK037000001	Replace Heat/AC Unit	1460	3 units	5,600.00		5,600.00	5,600.00	100%
OK037000001	Replace Hot Water Heaters	1460	2 units	1,351.00		0.00	0.00	0%
OK037000001	Replace Heat/AC/Community Bldg	1470		3,400.00		3,360.00	3,360.00	98%
OK037000001	Replace Shingles/Community Bldg	1470			4,600.00	4,600.00	4,600.00	100%

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Part I: Summary					
PHA Name: Sterling Housing Authority		Grant Type and Number Capital Fund Program Grant No: OK56P037501-10 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant: 2010 FFY of Grant Approval:
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	2,000.00			
3	1408 Management Improvements	750.00			
4	1410 Administration (may not exceed 10% of line 21)	1,200.00			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	24,929.00			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

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PHA Name: Sterling Housing Authority		Grant Type and Number Capital Fund Program Grant No: OK56P037501-10 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant:2010 FFY of Grant Approval:	
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	28,879.00			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director		Date	Signature of Public Housing Director		Date

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Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development

 Office of Public and Indian Housing
 Expires 4/30/2011

PART I: SUMMARY

PHA Name/Number Sterling Housing Authority O37			Locality (City/County & State) Sterling, Comanche Co., Oklahoma		<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
A.	Development Number and Name	Work Statement for Year 1 FFY ____ 2010 ____	Work Statement for Year 2 FFY __2011____	Work Statement for Year 3 FFY ____2012____	Work Statement for Year 4 FFY ____ 2013____	Work Statement for Year 5 FFY ____2014____
B	Physical Improvements Subtotal	Annual Statement	10,050.00	24,050.00	24,050.00	15,000.00
C.	Management Improvements		750.00	750.00	750.00	750.00
D.	PHA-Wide Non-dwelling Structures and Equipment		14,000.00			9,050.00
E	ADMINISTRATION		1,200.00	1,200.00	1,200.00	1,200.00
F.	Other					
G.	Operations		2,000.00	2,000.00	2,000.00	2,000.00
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds					
L.	Total Non-CFP Funds					
M.	Grand Total		\$28,000.00	\$28,000.00	\$28,000.00	\$28,000.00

PART I: SUMMARY (CONTINUATION)

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Part II: Supporting Pages – Physical Needs Work Statement(s)

Work Statement for Year 1 FFY ____2010____	Work Statement for Year __2____ FFY __2011____			Work Statement for Year: ____3____ FFY __2012____		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
SEE					X.	
ANNUAL	1460 Replace Commodes	15	2,750.00	1460 Replace Exterior doors		16,000.00
Statement		4	2,000.00			8,050.00
	1460 Remodel Bathroom	1 unit	5,300.00			
	1470 Remodel Office/Storage Room	Community Bldg	14,000.00			
	Subtotal of Estimated Cost		\$24,050.00	Subtotal of Estimated Cost		\$24,050.00

Part II: Supporting Pages – Physical Needs Work Statement(s)

Work Statement for Year 1 FFY _____	Work Statement for Year __4_____ FFY __2013____			Work Statement for Year: __5_____ FFY __2014____		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
SEE					XII.	
ANNUAL	1460 Replace shingles	2 BLDGS	8,050.00	1460 Soffitt/Siding		15,000.00
Statement		2 units	6,000.00			9,050.00
	1460 Remodel Kitchen	2 units	10,000.00			
	Subtotal of Estimated Cost		\$24,050.00	Subtotal of Estimated Cost		\$24,050.00

Part III: Supporting Pages – Management Needs Work Statement(s)

Work Statement for Year 1 FFY ____2010____	Work Statement for Year ____1____ FFY ____2011____		Work Statement for Year: ____2____ FFY ____2012____	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
SEE	OK037000001		XIV.	
ANNUAL	1406 OPERATIONS	2,000.00		2,000.00
Statement	1408 Management Improvement/Training	750.00		750.00
	1410 CFP Administrative Salary	1,200.00	1410 CFP Administrative Salary	1,200.00
	Subtotal of Estimated Cost	\$3,950.00	Subtotal of Estimated Cost	\$3,950.00

Part III: Supporting Pages – Management Needs Work Statement(s)

Work Statement for Year 1 FFY ____2010____	Work Statement for Year ____4____ FFY ____2013____		Work Statement for Year: ____5____ FFY ____2014____	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
SEE	OK037000001		XVI.	
ANNUAL	1406 OPERATIONS	2,000.00		2,000.00
Statement	1408 Management Improvement/Training	750.00		750.00
	1410 CFP Administrative Salary	1,200.00	1410 CFP Administrative Salary	1,200.00
	Subtotal of Estimated Cost	\$3,950.00	Subtotal of Estimated Cost	\$3,950.00